PTO/SB/17 (10-08)

Complete if Known

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete If Known			
				Application Numbe	r 10/538,4	92	Conf. No.: 7092
FEE TF			\L [Filing Date	June 09,	2005	
Fo	or FY 20	009		First Named invent	or Koji MAT	SUMOTO	
				Examiner Name	N. SULT.	ANA	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1791		
TOTAL AMOUNT OF PA	YMENT (\$)	1,110.00		Attorney Docket No	0020-538	2PUS1	
METHOD OF PAYMEN	IT (check all	that apply)					
Check Credit		foncy Order	None	Other (pleas	se identify)		
✓ Deposit Account	Deposit Account	Number: 02-2448		Deposit Accou	int Name:		
For the above-iden	tified deposit a	ccount, the Direct	or is here	by authorized to: (cl	heck all that a	pply)	
✓ Charge fee(s) indicated be	low		Charge fe	e(s) indicated	below, exc	ept for the filing fee
Charge any	additional fee(s) or underpaymer	nts of fee	(s) Credit an	v overpaymer	ıts	
WARNING: Information on th	R 1.16 and 1.	17 come public. Credit	card info	in the same of the			vide credit card
nformation and authorizatio	n on PTO-2038.						
FEE CALCULATION							
I. BASIC FILING, SEA	RCH, AND E				VARIBIATIO	AI CCC	
	Si	mall Entity	SEAR	Small Entity	XAMINATIC Sma	I Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$) Fe	e (\$)	Fees Paid (\$)
Utility	330	165	540	270	220 1	10	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650 3	25	
Provisional	220	110	0	0	0	0	***************************************
2. EXCESS CLAIM FE	ES					Fee (\$)	Small Entity
Fee Description	including Da	nicertae)				52	Fee (\$) 26
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims	Extra Claim	s Fee (\$)		Paid (S)	1	luitiple Dep	endent Claims
7 - 20 or HP =		_ x	=0	.00		Fee (\$)	Fee Pald (\$)
HP = highest number of tot indep. Claims	al claims paid for Extra Claim		Fee I	Pald (\$)	_		
1 -3 or HP =	0	_x	= 0	.00			
HP ≈ highest number of ind		paid for, if greater the	an 3.				
. APPLICATION SIZE If the specification and	d drawings e:	ceed 100 sheets	s of pap	er (excluding elec	tronically fi	ed sequen	ce or computer
listings under 37 (FR 1.52(e)),	the application	size fee	due is \$270 (\$13	5 for small e	ntity) for e	ach additional 50
sheets or fraction t	hereof. See : Extra Shee	35 U.S.C. 41(a)	(1)(G) a	nd 37 CFR 1.16(s additional 50 or fr). action theres	f Fee (Fee Paid (\$)
- 100 ≈	0	/50 =		(round up to a whole			= 0.00
OTHER FEE(S)							Fees Paid (\$
Non-English Specif							
Other (e.g., late filir	ıg surcharge)	3 month extension	on of time	e feø			1,110.00
JBMITTED BY	1						
gnature	[hi	······································	R	tegistration No. 3288	31	Telephone	703-205-8000
ame (Print/Type) John W.	Bailey		Y			Date July	14, 2010

This collection of indefaults in required by 37 CFR J. 138. The information is required to behalf or retain a benefit by the public which is to fine for by the USFTO to process a neglication. Condenderable is prevented by 53 U.S. CL 22 and 37 CFR J. 14. This collection is settliment to take 30 minutes to complete, including quithering, preparing, and submitting the completed application from to the USPTO. Then will very depending upon the includiacl case. Any comments on the amount of time you require to complete this form and/or supersistion. For proceedings this burden, should be sent to the Childen information of time. U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient (Part of Commence of Patients, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND ITO. Commission of Patients, P. O. Box 1450, Alexandria, VA 22313-1450.

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